

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039853

5634

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILE NOV 4 1963

## 1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Kansas City**

Length of stay in 1b  
**9 Yrs**

c. CITY OR TOWN **Stella**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Kelly Nursing Home**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

**IDA**

**FIDELLA**

**CULLERS**

4. DATE OF DEATH

Month

Day

Year

**October**

**17**

**1963**

## 5. SEX

**Female**

## 6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**1/12/1883**

**80**

9. AGE (last birthday)

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housewife**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

**Stella Mo.**

12. CITIZEN OF WHAT COUNTRY

**USA**

13a. FATHER'S NAME

**Eli Garner**

13b. MOTHER'S MAIDEN NAME

**Sarah Halloway**

14. NAME OF HUSBAND OR WIFE

**Daniel Cullers (Dec)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**Tom Garner Winsor Missouri**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral Hemorrhage  
arteriosclerosis**

INTERVAL BETWEEN ONSET AND DEATH

**20 yrs**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **6:23 PM** to **10-12 yrs** and last saw her alive on **10/16/63**. Death occurred at **6:23 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

**K. C., Mo.**

22c. DATE SIGNED

**10/18/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

23b. DATE

**10/18/63**

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

**Stella Missouri**

24. FUNERAL DIRECTOR

ADDRESS

**Sheil Funeral Home Kansas City Mo 10-18-63**

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

**Bessie Smith**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
E. Filler MEDICAL CERTIFICATION

DATE AMENDED

VS 300  
Rev. 4/59

1

2 0739

3

4

5 2

6

7 0

8 2

9 331X

10

11

12 86-0

13

Dr Riller  
Prof Bkds

09

6-08

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William N Davis

Licensed Embalmer No. 4195

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.